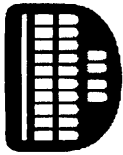


Exhibit 1

INVOICE



DALCO Reporting, Inc.
170 Hamilton Avenue, Suite 303
White Plains, NY 10601
914.684.9009 fax 914.684.6561

Michael Schlanger
Schlanger & Schlanger, LLP
343 Manville Road
Pleasantville, NY 10570

Invoice No.	Invoice Date	Job No.
32180	8/4/2011	7648
Job Date	Case No.	
7/20/2011	10-CV-3983 (SJF) (AKT)	
Case Name		
Douyan vs. New York Medical Health Care, P.C., et al.		
Payment Terms		
Net 30: 1.5% not to exceed legal limit		

ORIGINAL & 1 CERTIFIED DEPOSITION TRANSCRIPT OF:

Kourosh Golyan		1,509.75
Appearance	55.00	55.00
Complimentary Condensed Transcript	0.00	0.00
Package/Handling	25.00	25.00
TOTAL DUE >>>		\$1,589.75
(-) Payments/Credits:		1,589.75
(+) Finance Charges/Debits:		0.00
(=) New Balance:		0.00

Tax ID: 13-3668189

Phone: 914-946-1981 Fax: 914-946-2930

Please detach bottom portion and return with payment.

Michael Schlanger
Schlanger & Schlanger, LLP
343 Manville Road
Pleasantville, NY 10570

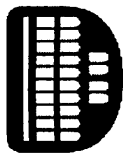
Job No. : 7648 BU ID : DALCO-Dep
Case No. : 10-CV-3983 (SJF) (AKT)
Case Name : Douyan vs. New York Medical Health Care, P.C.,
et al.
Invoice No. : 32180 Invoice Date : 8/4/2011
Total Due : \$0.00

Remit To: **DALCO Reporting, Inc.**
170 Hamilton Avenue, Suite 303
White Plains, NY 10601

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____
Cardholder's Signature: _____



DALCO Reporting, Inc.

170 Hamilton Avenue, Suite 303

White Plains, NY 10601

914.684.9009 fax 914.684.6561

Daniel A. Schlanger
Schlanger & Schlanger, LLP
343 Manville Road
Pleasantville, NY 10570

INVOICE

Invoice No.	Invoice Date	Job No.
32318	8/22/2011	7781
Job Date	Case No.	
8/2/2011	10-CV-3983 (SJF) (AKT)	
Case Name		
Douyan vs. New York Medical Health Care, P.C., et al.		
Payment Terms		
Net 30: 1.5% not to exceed legal limit		

ORIGINAL & 1 CERTIFIED DEPOSITION TRANSCRIPT OF:

Sy Schneider		688.30
Appearance	55.00	55.00
Complimentary Condensed Transcript	0.00	0.00
Package/Handling	25.00	25.00
Exhibits Scanned & Attached		

TOTAL DUE >>>	\$768.30
(-) Payments/Credits:	768.30
(+) Finance Charges/Debits:	0.00
(=) New Balance:	0.00

Tax ID: 13-3668189

Phone: 914-946-1981 Fax: 914-946-2930

Please detach bottom portion and return with payment.

Daniel A. Schlanger
Schlanger & Schlanger, LLP
343 Manville Road
Pleasantville, NY 10570

Job No. : 7781 BU ID : DALCO-Dep
Case No. : 10-CV-3983 (SJF) (AKT)
Case Name : Douyan vs. New York Medical Health Care, P.C.,
et al.
Invoice No. : 32318 Invoice Date : 8/22/2011
Total Due : \$0.00

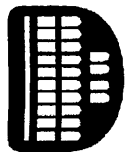
PAYMENT WITH CREDIT CARD



Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____
Cardholder's Signature: _____

Remit To: **DALCO Reporting, Inc.**
170 Hamilton Avenue, Suite 303
White Plains, NY 10601

INVOICE



DALCO Reporting, Inc.

170 Hamilton Avenue, Suite 303

White Plains, NY 10601

914.684.9009 fax 914.684.6561

Michael Schlanger
Schlanger & Schlanger, LLP
343 Manville Road
Pleasantville, NY 10570

Invoice No.	Invoice Date	Job No.
32356	8/23/2011	7812
Job Date	Case No.	
8/5/2011	10-CV-3983 (SJF) (AKT)	
Case Name		
Douyan vs. New York Medical Health Care, P.C., et al.		
Payment Terms		
Net 30: 1.5% not to exceed legal limit		

ORIGINAL & 1 CERTIFIED DEPOSITION TRANSCRIPT OF:

Faraidoon Daniel Golyan		732.60
Appearance	55.00	55.00
Complimentary Condensed Transcript	0.00	0.00
Package/Handling	25.00	25.00
TOTAL DUE >>>		\$812.60
(-) Payments/Credits:		812.60
(+) Finance Charges/Debits:		0.00
(=) New Balance:		0.00

Tax ID: 13-3668189

Phone: 914-946-1981 Fax: 914-946-2930

Please detach bottom portion and return with payment.

Michael Schlanger
Schlanger & Schlanger, LLP
343 Manville Road
Pleasantville, NY 10570

Job No. : 7812 BU ID : DALCO-Dep
Case No. : 10-CV-3983 (SJF) (AKT)
Case Name : Douyan vs. New York Medical Health Care, P.C.,
et al.
Invoice No. : 32356 Invoice Date : 8/23/2011
Total Due : \$0.00

PAYMENT WITH CREDIT CARD



Cardholder's Name: _____
Card Number: _____
Exp. Date: _____ Phone#: _____
Billing Address: _____
Zip: _____ Card Security Code: _____
Amount to Charge: _____
Cardholder's Signature: _____

Remit To: **DALCO Reporting, Inc.**
170 Hamilton Avenue, Suite 303
White Plains, NY 10601